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DIVISION OF KIDNEY DISEASES

TEL: 543-3792 (206)

February 14, 1966

The Honorable John E. Fogarty  
Room 1235  
House of Representatives  
Washington, D.C.

Dear Mr. Fogarty:

A few weeks ago, during your visit in Seattle, you asked that I comment on the legislative proposals currently before Congress dealing with the kidney problem.

As you know from testimony heard by your committee in the past, treatment with the artificial kidney can and does save lives. Patients like Ernie Morelli can work, play golf, care for their families - in short, lead nearly normal lives whereas without treatment they would die. Yet thousands like Mr. Morelli are lost each year because they cannot pay for this life-saving treatment and because communities and hospitals cannot afford to create the necessary facilities and obtain the services of needed personnel.

Because there is no legislative precedent for what must be done, just as there is no moral precedent for the extraordinary selection procedures forced on us by lack of facilities, funds and personnel, there are those who urge that no action should be taken at this time. The high cost of a life-time financial commitment by society to each patient is cited as the major reason for delay.

Congressman, in the past society found ways to afford the large sums of money needed to maintain polio patients in iron lungs. We pay nearly \$14,000 to rehabilitate a paraplegic to the point that he can only participate in self-care. Thousands of dollars are spent yearly for custodial care of each of those persons unfortunate enough to be born with defective minds, or those who commit crimes against society. Surely, then, this affluent nation can afford this treatment for kidney failure that can rehabilitate to productive living adults who would otherwise die in the prime of life. How much does a needless death from kidney failure cost society if the surviving family has to go on relief? And what is the cost in human suffering of such a death, especially when the family knows that the patient could have been saved if only he had been lucky enough to have had access to the treatment?

*cc Mr. Sullivan*

The need for action at the national level is urgent. Every year that we delay costs lives - not only those that are lost that year, but those that might be saved in future years as a direct result of lessons learned from the large scale application of hemodialysis.

Some of the cost projections seem to me to be unnecessarily gloomy. With more patients in the program and greater utilization of the technique, per patient cost will drop both as a result of the larger scale of operation and because of improvements in technique gained through research and experience. Already the per patient cost has been reduced in 5 years from the \$20,000 to \$30,000 range to under \$5,000 per year for home hemodialysis.

In my opinion, the bills currently before the Congress contain only the rudiments of what is really required by the nation. They implement the type of help we needed three years ago, but in the context of today's knowledge, they do not represent a rapid enough development of our capability to meet the needs of the people. The number of centers should rise more rapidly and the program as a whole should, I believe, have built into it the ability to grow as rapidly as possible consistent with the maintenance of high standards. In other words, the rate of expansion should be determined more by the rate at which personnel can be adequately trained and new facilities created, and not solely by the rate at which funds can be made available, which is the case at present. The national program should also contain assurances that centers would have hope of long term support from the Federal government at some level, say 50% or 60%, until the cost of the treatment is reduced, as it surely will.

The need for legislation in this area is as great as it is urgent. I have watched the Division of Chronic Diseases of the Public Health Service struggle to expand and promote this program under a grant system that was set up under Public Law 395. This grant system is totally inadequate to deal with the problem of chronic dialysis. I am sure that because of their great understanding of the current overall problems of kidney disease, the Division of Chronic Diseases could assist in developing a plan for the realistic expansion of all types of kidney programs, from research centers to home dialysis programs, that would provide the best means of meeting the national need that so clearly exists.

Finally, I would like to point out once again that one of the really grave problems facing medicine today is the ever-widening gap between the discoveries and advances made by the large investigative effort in medicine with which you have been so closely associated and the application of these discoveries for the benefit of the people. There is no more dramatic example of this gap than the present crisis over the use of the artificial kidney to sustain human life. What is done now to try and solve this problem may well provide the guidelines that will speed the application of other discoveries that are bound to come.

I would be happy to enlarge on any of these points should you wish me to.

Sincerely yours,

*Belding H. Scribner M.D.*

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